

dm

10/03

TO: M. Monica
Head Three Year Old Teacher

FR: Mrs. D, ECDC
Director

SUB: ANNUAL EVALUATION

You are prompt, professional and pleasant to you co-workers, parents and especially your children within your care. Your creativeness I regard in the very highest degree and I am sure the parents and more importantly the children certainly appreciate all that you do for them.

You take directives very well and follow policy and procedures to the best of your ability. I would however like you to include me in specifics concerns that may go on in your class so, if I am approach about it I can answer or respond appropriately. For example, I found out for the first time during your very outstanding Open House Presentation that bathroom words were being said. This is an example of things that I want to be made aware of.

I do appreciate you taking active playthings outdoors to the playground so the children can participating and engage in different play experiences. Your room is always interesting and has something new to look at. The way you allow the children to do hand on projects is a very good learning tool for them and the fact that you have no qualms about them experimenting with different table toys, or other projects is refreshing.

I want to encourage you to keep up the good work for the duration of time that we have you left, and thank you for all that you do for ECDC.

COMMENTS will return after baby born

Signature Monica Perryman Date 10/24/03



Infused doctor excused
for 2/15/05 after I returned
back to supervision



State Of Alabama
Department Of Public Health
Donald E. Williamson, M.D. State Health Officer

Montgomery County Health Department

This is to certify that Monica Polkman was at the Montgomery
County Health Department on 2/11/05 and departed
2:30pm

Sherrika Edwards
Public Health Representative

PLAINTIFF'S
EXHIBIT

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STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
UNEMPLOYMENT COMPENSATION AGENCY

Office Hours: Monday through Friday 8:00am-4:30pm

MONICA L. PERRYMAN
4265 BURTON WAY DR
MONTGOMERY, AL 36116

SSAN: XXX-XX-5289
CLAIM DATE: **03/13/05**
MAIL DATE: 03/13/05
CALL CENTER:6001

TO THE CLAIMANT: This notice is a request for you to provide additional information concerning your claim for unemployment compensation benefits. Read the checked section(s) and the important instructions below.

☒ Section A: This agency has received information from FIRST UNITED METHODIST CHURCH concerning your most recent separation from work due to TERMINATED AS THE RESULT OF SEVERAL WARNINGS FROM DARLENE MAYE REGARDING NON-COMPLIANCE WITH THE POLICIES AND RULES OF THE ECDC. SUSPENDED 02/14/05 & 02/15/05. WRITTEN WARNINGS 02/28/05 & 02/14/05.

☐ Section B: Your former employer, _____, has indicated you have or will receive ☐ Wages, or ☐ Vacation or Holiday pay in the amount of \$ _____ for the period covering _____ to _____.

☐ Section C: Additional information is needed regarding _____

IMPORTANT INSTRUCTIONS: You have the right to provide information you wish to have considered with regard to the above subject before a determination is made as to whether or not you are qualified for benefits. You may provide information by telephoning this number: **334-956-7345**. You must call this office during our office hours as soon as possible, but no later than 4 business days from the mail date above. If you do not respond by telephone by _____, a determination will be made based upon available information. This determination could result in a disqualification, holding you ineligible for benefits and require repayment of any benefits that have been issued to you for the period covered by the disqualification. **(NOTE: If the representative is not available when you call, please leave a voice mail message including a number where you can be reached, and your call will be returned before a determination is made).**

Carolyn E. Thompson
Agency Representative

**PLAINTIFF'S
EXHIBIT**

C

EMPLOYEE TIME SHEET - Early Childhood Development Center

Name Monica Perryman

From: Feb 3, 05 To: Feb 16, 05

Day / Date	Time In	Time Out	Time In	Time Out	Comments	Ok by "D"	Hours Worked	PL Used	Total Hrs Pd
Thurs 2/3					<i>pink eye</i>				
Fri 2/4									
Mon 2/7	7:00	12:40	1:10	3:30			8		
Tues 2/8	7:00	12:50	1:20	3:30			8		
Wed 2/9	7:00	1:00	1:30	3:30			8		

Total Week: Monica Perryman 24

Day / Date	Time In	Time Out	Time In	Time Out	Comments	Ok by "D"	Hours Worked	PL Used	Total Hrs Pd
Thurs 2/10	7:00	12:40	1:10	3:30			8		
Fri 2/11					<i>unexcused absence</i>				
Mon 2/14					<i>suspension</i>				
Tues 2/15					<i>suspension</i>				
Wed 2/16	7:00	12:30	1:00	3:30			8		

Total Week 2 8

Signature _____
 Reviewed _____

PLAINTIFF'S EXHIBIT
D

Total Biweekly Hours 32

Balance of Personal Leave 4